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AUTHOR Parlakian, Rebecca  
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## ABSTRACT

This booklet focuses on direct service work with parents and children, and explores how leaders and staff can use the reflective approaches of the Look, Listen, and Learn model to establish high-quality relationships with families. The booklet addresses the complex decisions that service staff face daily by presenting strategies for use in setting boundaries and in managing their own reactions to families. The booklet's sections are: (1) "Look, Listen and Learn Model"; (2) "Guidelines for Good Relationships with Families"; (3) "Setting Appropriate Boundaries with Families"; (4) "Explaining Boundaries to Families"; (5) "Ethical Guidelines for Work with Families"; and (6) "Managing Our Reactions to Individuals and Families." (Contains 13 references.) (EV)



ED 467 556

# The Power of Questions:

Building quality relationships  
with families

The ZERO TO THREE Center for Program Excellence



by Rebecca Parlakian

RESOURCES FOR PROGRAM LEADERS

PS 030492

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#### **Center for Program Excellence Staff:**

Matthew E. Melmed, J.D., Executive Director, ZERO TO THREE

Linda Eggbeer, M.Ed., Co-Director;

Professional Education and Program Consultation Division, ZERO TO THREE

Nancy L. Seibel, M.Ed., NCC, CPE Director

Monimalika Day, Ph.D., Assistant Director

Andrea Grimaldi, M.S. Ed., Program Associate

Rebecca Parlakian, Staff Writer

Darnell Pinson, Database Administrator/Project Leader

Nicole Guffey, Administrative Assistant/Meeting Management Specialist



Center for Program Excellence



 The Power of Questions:  
Building Quality Relationships with Families

by Rebecca Parlakian  
ZERO TO THREE  
Washington, D.C.

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| Look, listen and learn model                       |  |
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| Managing our reactions to individuals and families |  |
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We extend special thanks to the staff members and professionals who helped to shape, write and edit this publication, including:

#### **ZERO TO THREE Reviewers:**

Monimalika Day, Ph.D.

Linda Eggbeer, M.Ed.

Andrea Grimaldi, M.S. Ed.

Claire Lerner, L.C.S.W.-C

Joan Melner, M.S.

Stefanie Powers, M.S.

Nancy L. Seibel, M.Ed., NCC

#### **Expert Reviewers:**

Candice Percansky, Associate Director of Infant Studies, Erikson Institute

Marsha Hawley, Infant Studies Program, Erikson Institute

#### **ZERO TO THREE**

Suite 200

2000 M Street NW

Washington, DC 20036-3307

**[www.zerotothree.org](http://www.zerotothree.org)**

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## THE POWER OF QUESTIONS:

### BUILDING QUALITY RELATIONSHIPS WITH FAMILIES

This guide discusses ways to use the Look, Listen and Learn model to help forge stronger relationships with families. Strategies for managing common obstacles to relationship-building will also be addressed. Though this piece speaks directly to staff, program leaders can use these materials to support staff in their efforts to build quality relationships with families in their care.

#### LOOK, LISTEN, AND LEARN:

##### USING REFLECTIVE STRATEGIES WITH PARENTS

The three core principles of reflective supervision—reflection, collaboration, and regularity—also form the building blocks of strong staff-parent relationships. Does two-way communication exist with parents? Mutual respect? Are there regular meetings to sit back, share ideas, and reflect on the best course of action? Teamwork in identifying solutions? This “way of being” forms the foundation for all future interactions with families.

As their supervisors do with them, staff try to avoid serving as “experts” who have “the answer.” Instead, they maximize the use of questions and discussion to learn more about parents’ thoughts, feelings and concerns. When challenges arise, caregivers can use these teachable moments to help parents develop their own problem-solving skills and coping strategies. For example, Jen is telling her home visitor about a recent trip to the mall:

*“We stopped in the food court to get some dinner. I asked Benjy [a feisty 3-year-old] what he wanted to drink. He just started screaming when I told him he couldn’t have a soda. He wouldn’t stop! Nothing worked. I mean, everyone was staring. The food court was all open and glass, and his screaming just seemed like it was echoing everywhere. People were looking at us. I didn’t know what to do. I just grabbed Benjy, grabbed our food, and got out of there.”*

The Look, Listen and Learn approach is especially useful in making sense of stressful situations like these. The steps involved in this process, though not difficult, lead to an important outcome: playful interventions that are individualized to both the situation as well as to the family involved. Prescriptive approaches tell families that their challenges can be easily fixed using a one-size-fits-all “recipe.” On the other hand, the Look, Listen and Learn model acknowledges the complexities inherent in resolving a difficult situation, and reinforces the need to find the right solution *for this family*. The most effective interventions will always consider parents’ individual temperaments, beliefs, learning styles, needs and interests. As a parallel process, staff can use this approach to help parents understand how to design child management strategies that both meet their child’s unique style as well as teach the desired lesson. Look, Listen and Learn is described in more detail in the sidebar.

Open-ended questions help professionals learn from the situation. They give parents the opportunity to step back from the immediacy of the moment (screaming child, excruciating embarrassment) and reflect on how it affects them or what they believe it means. This is also a chance for parents to feel like experts on their children. When offered an ear instead of advice, parents’ own knowledge and capability is reinforced.

Caregivers might explore the following questions:

- What were you thinking then?
- How did that make you feel?
- Why do you think he/she did that? What do you think is the cause of his/her behavior?
- What do you think this behavior means?
- What did you do? Why did that approach work/not work?
- What would you do differently next time?

These questions are not, of course, posed interrogation-style but are worked naturally into a dialogue. For example, here is how Jen’s home visitor responded to her experience at the mall:

## MAKING REFLECTION REAL: LOOK, LISTEN AND LEARN

### LOOK

**Look** at the situation. What do you observe has happened? What does the tone of voice or body language of participants tell you? What do you know about family involved?

### LISTEN

Next, **listen** to the parent tell you about the situation. What is her perspective? What unspoken messages is she sending—is she maintaining eye contact, using closed body language, or is her voice trembling?

### LEARN

Finally, **learn** from the situation. Develop your “best educated guess” as to what might be going on. Consider this family, their needs, and their history. Think what your goals for this interaction are and decide what response would best support those goals. Modify your “best guess” as you get more information.

*It’s important to remember that this is not a one-step process—conversations are ongoing. Each time the parent speaks, you receive more information. Each piece of new information allows you to modify your “best guess” and select a more appropriate response. This “give and take” occurs throughout the interactions.*

"I've had the same thing happen with my daughter. It's not the way you want to end the afternoon, that's for sure! What were you feeling then?"

"Honestly? I felt like a lousy mother. Here I am with this child, my child!, and I can't make him stop crying. I felt so powerless. And so angry! Part of me felt like he was doing this just to make me mad."

"There's nothing more frustrating than seeing your child so upset, and not being able to comfort him. Sometimes it does seem like they're trying to get you angry. And it can be just plain embarrassing—like everyone is thinking "Can't you get that kid to be quiet?" I know, I've been there, too. When you think back on it, why do you think Benjy reacted like he did?"

"I guess he was mad, too!" Jen smiled. "I mean, he was hungry and tired, and probably getting bored. And then I said 'no' to him about the soda. I guess that just really made him go to pieces."

"When you think about it now, would you do anything differently?"

"Well, I wanted him to order milk or juice, and he said soda. So I had to tell him no, right?"

"I'd agree that milk or juice are better choices, and you're right to set sensible limits. That's good thinking. How did you ask him what he wanted?"

"Well, I just asked him—you know, 'What do you want to drink?' Looking back, I guess that was too overwhelming. I probably should have just given him the choice of milk or juice, if that's what I wanted him to have."

"How might that work better next time?"

"Because if I give him just a few things to pick from—well, he still gets to choose, but every choice will be okay."

"That sounds like a great idea. It's not easy teaching young children to make good choices."



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In this dialogue, we see that the home visitor listened attentively to Jen's recounting of her experience at the mall. Then, knowing something about Jen and Benjy's relationship, the home visitor maximized the use of open-ended questions to help Jen explore the meaning behind Benjy's behavior. She also empathized with Jen, and acknowledged the legitimacy of Jen's emotions (anger, frustration, embarrassment). As a professional, she shared appropriately from her own experiences with the purpose, not to seek sympathy, but to establish connection. Finally, she supported Jen's decision making and right to set limits for Benjy.

By building on moments like these, professionals can forge "teachable relationships" with families in which ideas, suggestions, and concerns are shared openly and without fear. Together they can explore the full range of possible solutions. Conversations like these reinforce the importance of taking the time to think before responding to a situation (this process is also referred to as *reflection before action*).

#### HOW WE DO WHAT WE DO WITH FAMILIES: GUIDELINES FOR GOOD RELATIONSHIPS

Think about someone that you seek out to share your joys and disappointments. What adjectives would characterize this relationship? Words like trusting, open, supportive, and compassionate might come to mind. This is the kind of relationship that you want to establish with parents. There are many, many ways that staff can support, guide, mentor and encourage the families they serve. A few suggestions follow, showing how caregivers can build reflective relationships with parents, while also reinforcing parents' relationships with their children (Wieder in Fenichel, 1992).

## 1 LINK PARENTHOOD WITH POSITIVE MEANING AND IDENTITY

Becoming a parent does not necessarily mean feeling confident in the role. Caregivers can nurture the development of this new identity by admiring parents, recognizing their successes, and noting their children's achievements. Indirect comments (comments meant for the parent, but spoken to the child) are useful in this situation, for example: "You're so big! Mommy is feeding you lots of good things to help you grow!" or "Daddy put a hat on you today 'cause he doesn't want you to be cold!"

## 2 MAKE THE MOTHER AND FATHER FEEL UNIQUE

Many parents do not fully appreciate the unique and central role they play in their children's lives. In their conversations with families, professionals can highlight the special attachment parents and children enjoy. For example, when a baby stops crying as she is passed into her mother's arms, the caregiver may note: "You sure love your Mommy. She knows how to make you feel better, doesn't she?" Or speak directly to the parent, "Your daughter is really crazy about you. Look how she gazes right into your eyes!"

## 3 EMPHASIZE THE INFANT'S OR PARENT'S EXPERIENCE, RATHER THAN A "RIGHT" OR "WRONG" WAY TO DO THINGS

Help parents understand their infants' needs and feelings by making observations in the child's voice (*talking through the baby*) that translate this information for parents. For example: "I have a stuffy nose and I missed my nap today—that's why I'm cranky" or "I'm crying because I've had too much stimulation today. It doesn't mean I don't like you...it means I need you to hold me and comfort me..." Caregivers should consider both the parent's and the child's thoughts, feelings, and experiences. They should wonder what it's like to be this baby, or this parent. Understanding and communicating the perspective of the "other" helps families develop this skill as well.

## 4 FOCUS ON WHAT TO EXPECT AT THE INFANT'S STAGE OF DEVELOPMENT

Unrealistic expectations may make a parent feel angry or resentful toward their child. By emphasizing what is normal and expected at each stage of development, professionals can help parents avoid undue frustration associated with their children's behavior. For example: "You want to do it by yourself, don't you? You want us to know you're growing up." Or, "We don't bite. Biting hurts. But you're biting because you have so many

big feelings and you can't tell us about them. Feelings like that can be overwhelming!"

Professionals can also provide information to parents about the likely needs, behaviors and milestones their children will experience over the next 6 to 12 months. This information about future development (or *anticipatory guidance*) prepares parents and manages their expectations on an ongoing basis. Such information is powerful because it helps parents to interpret their children's cues and signals meaningfully, and makes them feel more confident in their role as caregiver.

## 5 EMPHASIZE HOW CURRENT BEHAVIOR IMPACTS LATER DEVELOPMENT

Show parents the role they play in their children's future by linking "baby" behavior and later achievement: "Look at how high your block tower is! You're figuring out how to make the blocks balance, even when the tower gets really tall. Maybe someday you can build houses just like your Daddy does." or "You're getting all ready for school because Mommy is reading books to you all the time." It is important to focus on the *process of learning* (the curiosity, exploring, discovering), rather than the *results* (like being able to say the alphabet).

Discussing later development with parents is also important because it sets the expectation that their children will do well in the future. Children live up to our expectations. Allowing parents to anticipate success seeds this process.

## 6 BUILD PARENTAL SELF-ESTEEM BY CELEBRATING SUCCESSES

When a child is doing something well, point it out! Help parents to see their children as creative, curious, and inventive, and emphasize the integral role parents play as teachers and role models. Parents may not understand how much children learn from experiences like playing, singing, taking walks. Professionals can help to clarify what big lessons these everyday experiences teach.

Remember to be specific about what the child accomplished or why it's important ("You figured out which pieces finish the puzzle—that's good thinking!" versus "That's great!"). Comments can also be directed to parents: "It was such a good idea to redirect Keith's attention by tapping on the xylophone." Once again, thoughtful observations like these guide the parent to think in terms of problem solving (*process*) rather than immediate action (*results*).



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66 TO BE TRULY  
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WELL AS COMMUNITY  
SYSTEMS. 99

## 7 CONNECT PARENTS TO COMMUNITY RESOURCES AND SUPPORT

Many families have a diverse range of needs, not all of which can be addressed by one program. The caregiver-parent relationship puts professionals in a unique position to help families access the services they need. The program can invite community service agencies to speak at parent meetings or lunches, or an entire parent meeting can be devoted to a review of community resources. However it's done, this information should be shared in a way that's easy to understand and act upon. Program leaders should also ensure that passive information—on a bulletin board, in a rack in the lobby, on a table—is available to parents as well. The program may also want to consider developing its own resource booklet listing the most commonly utilized service organizations in the area.

## 8 PROVIDE PARENTS WITH BOTH EMOTIONAL AND PRACTICAL SUPPORT

Many professionals who join the field do so because they "love children." While important, it's equally vital not to become baby-centric in our outlook. Parents we work with probably hear about (and experience!) their children's needs on a regular basis. If we focus too much on the child, parents can start to feel invisible. They, too, are in need of emotional support and encouragement. When we try to see the world from the parent's point of view and empathize with their experience, we convey a tone of trust and mutual respect. In doing so, we are also answering the parent's need to be noticed, listened to, and understood.

Sometimes, however, families' needs are more tangible. Staff-parent relationships are often cemented when caregivers listen and respond to a real need or problem facing parents (which may ostensibly be outside the scope of the program). For example, if their child needs a crib, no amount of reflection will bond the relationship like staff helping parents find one in the community. In these situations, staff should be a conduit to local/regional resources, while avoiding families' increased dependency on them as "fairy godmothers." For a discussion on how best to maintain this balance, see page 5, "Finding 'Just Right': Setting Appropriate Boundaries with Families."

## 9 HELP PARENTS BECOME SELF-ADVOCATES

To be truly independent, parents must have the skills to access what they need from professionals as well as community systems. This, then, is a crucial goal for infant/family staff. For example, professionals can help parents plan for a doctor's visit by brainstorming what questions to ask and role-playing common situations, like answering questions about insurance coverage. Staff can also help families develop coping strategies (bring toys!) that will improve the quality of the experience. If parents do not yet have these skills, or are not confident in their ability, professionals may volunteer to go with them once or twice to provide an example and model the interactions.

## 10 OFFER FAMILIES CONSISTENCY

Families with whom we work may lack a degree of consistency in their lives. From a service perspective, families may be working with multiple agencies or programs, each with different rules, policies and eligibility requirements. Or parents may find themselves endlessly referred from doctor to doctor, program to program, each with different contact people who frequently change. From a community perspective, their neighborhoods may not be consistently safe, individuals may move in or out of the household frequently, jobs may change or may not exist at all. With this in mind, one of the greatest gifts direct service staff can provide to families is consistency. Meeting regularly with families, returning calls promptly, following up when you've said you would, and keeping your promises provide reassurance and structure to parents and children alike.

## **BRIDGE OVER TROUBLED WATER: OVERCOMING OBSTACLES TO RELATIONSHIP BUILDING**

In the preceding section, we identified the key components of positive, proactive relationships. These do not always come easily, however. Staff-parent relationships, in which the intensity—and the stakes—are so high, can be especially challenging. Parents may view their interactions with staff through a variety of lenses: anger and distrust of “the system,” feelings of being overwhelmed by parenthood, grief due to a child’s disability, or excitement about a new baby. Staff, too, bring with them the impact of early and current life experiences. These emotions all impact the tone of their joint relationship, and each poses its own challenges. The following sections discuss how staff can address common obstacles to relationship building with families.

### **FINDING “JUST RIGHT”: SETTING APPROPRIATE BOUNDARIES WITH FAMILIES**

Setting appropriate boundaries in a direct service relationship means avoiding the extremes of “too much closeness” or “too much distance.” Staff need to find the balance that’s “just right,” where the relationship is comfortable and trusting, but not so close that objectivity is lost. Because every parent and every relationship is different, this balance will vary. For example, you may refer a parent who doesn’t recognize boundaries to the center’s lending library, rather than loaning her your personal copy of a book on special education services, in order to reinforce the limits of the service relationship. Another parent may not have experienced appropriate nurturing. You may decide to lend her the book to establish a connection, to make her feel cared for, and to build trust.

To ensure consistency across all the families served in the program, direct service professionals should collectively discuss and decide on general boundaries for relationships, as there are several universal limits that both parents and staff must recognize. For example, it would be generally inappropriate for a staff person to lend money to a parent, or to seek support by sharing her personal problems with a family. The primary reason why choices like these are troublesome is that they blur the professional’s role. The staff member, no matter how close she becomes to them, is not the family’s friend. A friendship is a long-term reciprocal relationship with emotional give-and-take and a sharing of resources (like clothing or money). The service relationship, on the other hand, is a relationship of limited duration designed to support the family’s achievement of specific goals. One of these goals is always to help families move toward independence by develop-

ing the ability to recognize and respond to their own and other’s needs. While it feels good to be needed, if a professional finds herself encouraging greater dependency among her client-families, she is violating her first and most essential commitment to them.

Boundaries establish a common understanding of what the service relationship means. They are important because, first of all, they acknowledge that the caregiving relationship has limits. A staff member simply cannot answer every family’s every need. Boundaries provide caregivers with the objectivity they need to observe a relationship or interaction, and to reflect those observations back to families. Boundaries also help to keep relationships with caregivers in neutral territory, where families can accept from professionals what might be inappropriate or unacceptable coming from others.

What do we really mean when we talk about “neutrality” or “objectivity” with the families we serve? It is the ability to observe carefully, identify behavior that appears meaningful, and develop a “best educated guess” as to why such behavior is occurring. Objectivity requires that we examine situations dispassionately without rooting for either parent or child, but accepting them as whole people with both strengths and vulnerabilities. While caregivers should strive for objectivity with families, there is a danger that the relationship will become too clinical or detached (imagine a white-coated scientist peering wide-eyed at a new species of bug). It is essential to point out that avoiding friendships with client-families does not preclude friendly feelings. Friendly feelings toward families are normal and appropriate. Quality staff-parent relationships will be characterized by care, concern, humor, warmth—but will stop at the intimacy of a friendship. Recognizing and managing one’s own intense emotional responses (for example, knowing when you are crossing the line into friendship), is entirely the professional’s responsibility, and requires self-awareness and self-management on her or his part.

### **SETTING THE STAGE: EXPLAINING BOUNDARIES TO FAMILIES**

The time of intake or enrollment into the program may be the ideal time to discuss role clarity with parents. Program leaders and caregivers can provide clear guidelines concerning what they (and the program) provide, and explain what is needed from parents to make the program work. They can then open the discussion to parents, asking what their needs are. Families’ comments and questions can help shape the collective understanding of appropriate and inappropriate requests.

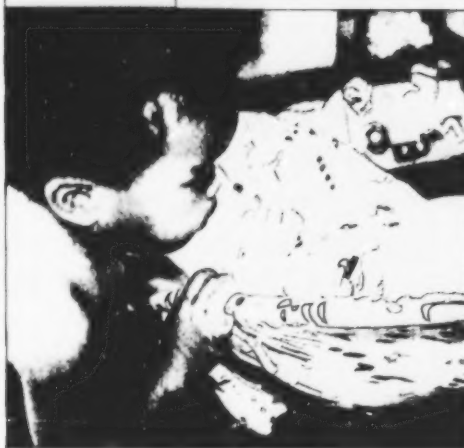


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66 WHEN  
EVALUATING WHAT TO  
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STAFF TO THINK MORE  
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RATHER THAN THE  
NATURE OF THE  
REQUEST ITSELF. 99

It is also important to address boundary-setting and professional ethics in the orientation meeting. (Note: The sidebar on page 7 has more information about ethical guidelines.) Staff should share information about their areas of expertise. Parents need to understand that, when their needs fall outside the caregiver's field, she will not be able to assist—though she will certainly help the family to locate needed services in the community. Finally, program leaders should raise the issue of confidentiality—what are the boundaries of confidentiality? What are some examples of what is confidential and what's not? After the group orientation meeting, caregivers can follow up with families to clarify any lingering questions or concerns.

Given the nature of direct service work, it is relatively common for parents to make requests that staff may feel the need to decline. If there has been no discussion about professional boundaries, the parent is likely to feel rebuffed and disappointed in the relationship if the request is not met. If such limits have been discussed, however, staff can remind families that their inability to comply is not a personal slight, but a condition of the service relationship that applies to all families in the program. Because the response to these requests can have strong repercussions on the relationship, staff must feel confident in their ability to address them effectively. Setting parents' expectations at an event like the orientation meeting gives everyone a framework and a common language to use in these situations.

The parent's request itself may or may not be problematic. When evaluating what to do, it's important for direct service staff to think more about the meaning and implications behind the request, rather than the nature of the request itself. For example, a parent might invite a staff member to a child's birthday party. When receiving a request like this, a staff member may ask herself:

What does the request mean? For example, does it mean that the family now considers me a personal friend?

• *Yes. I know that this mother feels very isolated. She recently moved to the U.S., doesn't speak much English, and lacks a peer support system. She may see our time together more in the light of friendship, rather than a professional relationship.*

How does this request make me feel? Am I flattered, uncomfortable, pleased?

• *I am flattered and her little boy is adorable. There's part of me that would really love to go to the party.*

If I fulfill this request, am I likely to feel differently about the family (less objective)?

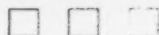
• *Well, from what the mother has told me, the other guests are all relatives. If I go, I might begin to feel too close and too involved with the family. I might begin to feel less objective.*

What would be the impact of the request if I fulfill it? Will it signal to the family that I, too, see our relationship as a friendship?

• *I worry that the mother will start to see me solely as a friend. Would that it make it harder to work through issues with her later on? Maybe.*

Given what I know about this family, what need is the request fulfilling? Is it appropriate for me to be the one to fulfill this need? Is there a way I can help the family fulfill this need themselves?

• *I think this request fulfills the mother's need for companionship. She's lonely, and the only family that she has in this area are her husband's relatives—with whom she has a rocky relationship at best. That said, I don't think it's a good idea for me to take on a friendship role. Instead, maybe we can celebrate her son's birthday the next time we meet at the center. That might be a gentle way of reminding her that our relationship has a professional focus. I can bring in cookies and we can invite some of the other families to join us. Maybe she can even meet a few other young parents.*



How could a staff person check out these ideas to see if they are on target? She could:

- discuss with peers;
- discuss with her supervisor; or
- talk with the parent herself.

Because it's not always easy to be sure what a parent is thinking, discussions about the family's and the professional's role in the relationship are crucial. Exploring these issues, while difficult, establishes a tone of respect and security. Parents know what they can and can't expect from the staff member and program. They also see first-hand the benefits of setting boundaries. In an important way, this parallels the parent-child relationship, as children also need to learn limits from their parents, and feel secure when they know what to expect from their caregivers.

#### **MISSION (SELF-) CONTROL: MANAGING OUR REACTIONS TO INDIVIDUALS AND FAMILIES**

The goal of all service relationships is to help, not

hinder, the families in care. Honoring the needs of both parents and children is difficult, however, and it is common to feel overwhelmed by the emotions that the work arouses in us. With strong emotions often come strong opinions. This is dangerous when we consider that a caregiver's perception of particular relationship will, in large part, define its success.

Remaining neutral and empathetic to everyone we're interacting with is undoubtedly a challenge. For even the most experienced professional, this goal of neutrality does not imply a lack of feelings. Instead, remaining neutral means staying calm enough to note and manage our feelings in order to maintain a strong working relationship with the family. Lacking neutrality, we cannot provide families with a safe place to step back and think clearly.

Parents, too, enter the service relationship with their own personal histories, emotions, and unique temperaments. Both staff and parents approach their work together by looking for cues and signals that

### **ETHICAL GUIDELINES FOR WORK WITH FAMILIES**

The items below form a composite code of ethics for direct service work. This listing focuses specifically on relationship issues and will undoubtedly require additions and modifications to fully reflect the disparate fields represented in infant-family work. For comprehensive examples of codes of ethics, please contact human services organizations such as the National Board for Certified Counselors, Inc. ([www.nbcc.org](http://www.nbcc.org)), National Association of Social Workers ([www.naswdc.org](http://www.naswdc.org)), or the American Counseling Association ([www.counseling.org](http://www.counseling.org)).

- ① Staff are accountable at all times for their behavior. They are aware that all actions and behaviors reflect on professional integrity and, when inappropriate, can damage their and other professionals' relationships with families.
- ② Staff must know and take into account the practices of other professional disciplines with whom they work and cooperate with them as fully as possible.
- ③ Staff members should respect families' right to privacy. Once private information is shared, standards of confidentiality (as defined by the agency or profession) apply.
- ④ Staff members should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Staff should inform families in the case of a real or potential conflict of interest, and take appropriate steps to resolve the issue in a manner that puts the families' interests first.
- ⑤ Staff members may not utilize their relationships with families to further their own personal, religious, political, or business interests.
- ⑥ When a staff member is providing services to two or more people who have a relationship with each other (for example,

parents and children, couples, etc.), staff should clarify their professional obligations to the various individuals receiving services.

⑦ When a family member's behavior or condition indicates that there is a clear and imminent danger to her/himself or others in the family, staff members must take reasonable action to notify responsible authorities.

⑧ The staff member and the client-family must jointly identify the goals of the service relationship. These plans should be individualized, offer reasonable promise of success, and be consistent with families' needs and abilities. Staff should regularly review the agreed-upon goals to ensure their continued viability and appropriateness.

⑨ Staff members should not engage in dual or multiple relationships (professional, social or business) with current or former client-families in which there is a risk of harm to the family. When dual relationships occur, staff are responsible for setting clear and appropriate boundaries.

⑩ Staff who have a working or personal relationship with a family in care must not also serve as the direct service professional for this family, and should refer the family to a colleague.

⑪ Staff members should terminate (or avoid initiating) relationships with families in such case as they are unable to be of professional assistance, when such services are not required, or when they cease to serve the family's needs or interests. Staff members must suggest appropriate alternatives or referral resources on an as-needed basis in these cases.

*Acknowledgement: Reference documents and sources for the development of this listing include the National Board for Certified Counselors, Inc.'s Code of Ethics, National Association of Social Workers' Code of Ethics, and the American Counseling Association's Code of Ethics and Standards of Practice.*

“ BY TAKING  
THE TIME TO REFLECT,  
PROFESSIONALS CAN  
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AND CONFLICT  
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FOR THE FAMILIES  
THEY SERVE. ”

support or reject the assumptions they've made about the other. Reflection (Look, Listen and Learn) gives us a way to make sense of these emotions, to manage them, and to use them as a way to learn more about ourselves and the situation at hand.

Our assumptions about others can be positive or negative—we can “hit it off” with one person, while another might drive us crazy. Reactions like these are very personal. For example, a parent might remind us of someone from our own past (“She is just like my younger sister, always expecting to have someone bail her out of trouble.”) They might be a reflection of a similar experience we've had in our lives, or mirror deeply held beliefs or prejudices. For example, a caregiver might feel that a particular parent, Suzanne, is not “a good mother.” She realizes this feeling is a red flag—first of all, it's too broad. With reflection, she might ask herself, “What specific experiences or events have led me to believe Suzanne is not a good parent?” Perhaps the caregiver in this example thinks about how Suzanne's daughter often arrives at the program dressed in bizarre, mismatched ensembles. In the caregiver's family, though money was tight, children were always well-dressed for school; this was a way of showing love and care. The staff member might then wonder if the real issue is that Suzanne *does not fit her definition* of a good mother. Suzanne may indeed, be fostering her daughter's developing motor skills (and independent streak!) by allowing her to dress herself. Professionals must be watchful that the intense emotions that they feel toward either a parent or child do not get in the way of establishing a strong relationship with the family as a whole.

Such reactions and feelings occur in all relationships; think of “love at first sight.” These feelings often startle us with their intensity. When we think about the individual or situation objectively, our emotions may feel out of place, or out of character. When our reactions are negative, how can we manage them in order to form a partnership with the client-family? The five steps below suggest one way to manage negative emotions through reflection. It is helpful to begin this process with an attitude of curiosity and openness to making changes in one's own behavior.



PHOTO COURTESY OF MARILYN NEULT

#### **Step 1—Acknowledge your gut reactions and feelings.**

Staff may identify so strongly with a helping role that negative emotions and conflict are very uncomfortable. Often staff members feel shame or guilt over the anger families arouse in them. The truth is that such feelings are normal, but do not have to prove destructive to the relationship. Staff should recognize the feelings, acknowledge any regret or guilt they may be experiencing, and then make a conscious decision to try to understand what those feelings tell them about their own and the other's experience.

#### **Step 2—Recognize that asking for help is okay.**

Personal blind spots or the need to “save face” may prevent us from truly seeing how we do what we do. Reflective supervision can turn a third eye to our interactions with families. Enlist a supervisor, mentor, or colleague to assist you with this process.

#### **Step 3—Wonder about your reactions and feelings.**

Discover what your hot buttons are. Questions that can help guide this process include:

- How do I feel about this person?
- What about this individual rubs me the wrong way?
- Who does this person remind me of?
- Why do I identify with him or her so strongly?
- Why do I think this relationship is difficult?
- Why did I feel defensive or angry (or intimidated or anxious) in our interactions?
- Why don't I like what the “other” is doing?

- What part do I play? What part does the "other" play?
- What is it like to be this person? What is his/her experience?
- How are we alike and/or different?

Also consider keeping a reflective journal in which you describe your feelings toward particular individuals or situations. Sometimes exploring these emotions on paper helps us better understand why we feel or react the way we do. This journal, if appropriate, may also be used as a starting point for supervisory discussions.

#### **Step 4—Accept that exploring these emotions requires effort as well as time.**

You may need a buffer person to assist with a family until you have identified how to manage your reactions to them. For example, if you have a negative interaction with a family in the morning, you may not be ready to meet them when they pick their child up in the evening. Can a colleague or supervisor step in?

Occasionally, a reaction may trigger such painful or upsetting emotions that the family may need to be reassigned temporarily. For example, a caregiver may not be able to help a family effectively if she is an incest survivor and discovers that the children in one of her client-families were abused.

#### **Step 5—Wonder about the best way to move forward. Ask:**

- What can I do to change the dynamic of this relationship?
- How can I be mindful of my hot buttons in the future?
- How will I manage future interactions in which I am likely to feel the same way?
- What can I do to stop myself from immediately reacting?
- How will I mend the relationship/move forward with this particular family?

It is important to develop coping strategies that will prevent you from immediately taking action in these hot button situations. For example, one staff member might count quickly to 5 before responding, another may repeat a soothing phrase to herself ("Bubble bath, good book"), another might take 30 seconds to imagine being in her favorite place. And one professional we know visualizes reigning in a horse to remind herself not to act on the impulse to jump in and "save the day."

This same process is useful for examining strong positive feelings as well. Such feelings-of identification,

affection or closeness, can also interfere with effective staff-parent relationships.

The bottom line is that we all think more clearly when we're not in the heat of the moment. What coping strategies do is provide professionals with the time to reflect, if even for a moment, on the best course of action. By doing so, they can replace quick reactions with more thoughtful, purposeful interventions. Staff can, and should, reflect later on their interaction with the parent, but managing one's immediate response helps ensure that no harm is done to the relationship in the heat of the moment. This process of self-management requires that staff:

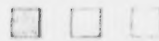
- understand the power of reflection, and take time to think through a problem rather than reacting immediately;
- realize that it is acceptable to say "I don't know";
- seek help from others when it's needed;
- understand their limits, both professional and personal; and,
- see the other's perspective.



These points form another important parallel, as they represent skills and abilities that are important for parents to develop as well. By taking the time to reflect, professionals can model coping, problem-solving, and conflict resolution skills for the families they serve.

#### **IN SUMMARY**

Relationship processes are complex. The road to managing our instinctive reactions is a long one, with many bumps and detours along the way. Just like the families we serve, we are not perfect. Recognizing our own possibilities for growth is the first and most important step toward self-awareness and self-management. Through discussions with our supervisor and colleagues as well as some soul searching on our own, we can learn to stop, take a deep breath, and not say anything (at least for a moment!).



## BIBLIOGRAPHY AND SUGGESTED READINGS

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### Other ZERO TO THREE Resources for Program Leaders Series include:

*Look, Listen and Learn: Reflective Supervision and Relationship-Based Work*  
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*This primer on reflection and relationship-based organizations provides user-friendly definitions and examples of reflective supervision used with both direct service staff as well as administrative/support staff. This resource is a comprehensive introduction to both understanding and implementing these important concepts.*

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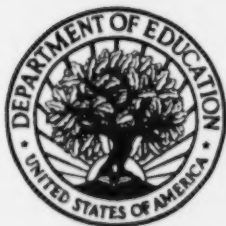
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